

Agency Contractor Candidate Form

Agency:

Candidate Name (*first, middle, last*):

Candidate Home Address:

Candidate's E-mail Address:

Candidate's Proposed Contract Position Title:

License(s)/Certification(s):

Background Check Approved by NDCS: Yes/No

Date Available to Start with NDCS:

Requested Days Off (at least 2 months):

Facility Name:

Facility Work Address:

Facility Phone:

Facility Contact:

Assigned Recruiter:

Agency Submission Date:

Recruiter's E-mail Address:

FOR NDCS USE ONLY

Contract Number:

Candidate's Approved Contract Position Title:

Confirmed STA Start/End Dates:

NDCS Signature Approver: *(Written confirmation via time-stamped email will suffice)*

Printed Name and Title:

NDCS Signature Date:

Added to New Onboarding Excel: Yes/ No

**All candidates and overtime hours must be preapproved by NDCS Health Services Administrator, NDCS Chief Nursing Officer, or designee. Billing rates are determined per contracted rate.*